10657583

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10-657-583

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |               |                               |                              |                  |     | SMALL ENTITY TYPE              |                        |          | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|---------------|-------------------------------|------------------------------|------------------|-----|--------------------------------|------------------------|----------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 31            |                               |                              |                  |     | RATE                           | FEE                    |          | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED  |                               | NUMBER EXTRA                 |                  |     | BASIC FEE                      | 375.00                 | OR       | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3 minus 20=   |                               | *                            |                  | ~~~ | X\$ 9=                         |                        | OR       | X\$18=                        | 198                    |
| INDEPENDENT CLAIMS  |  |   | 7 m           | inus 3 =                      | <u> </u>                     | 4                |     | X42=                           |                        | OR       | X84=                          | 336                    |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT        |                               |                              |                  |     | +140=                          |                        | OR       | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |               |                               |                              |                  |     | TOTAL                          |                        | OR       |                               |                        |
| //- 7-06 (Column 1) (Column 2) (Column 3)   |  |   |               |                               |                              |                  |     | SMALL E                        | ENTITY                 | OR       | OTHER<br>SMALL                |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT          |     | RATE                           | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .18                                       | Minus         | **                            |                              | =                | 11  | X\$ 9=                         |                        | OR       | X\$18=                        |                        |
|   | Independent                                    | • 7                                       | Minus         | ***                           | <b>.</b>                     | -                |     | X42=                           |                        | OR       | X84=                          |                        |
| -   | FIRST PRESE                                    | NTATION OF M                              | OLTIPLE DE    | PENDEN                        | CLAIM                        |                  | 1   | +140=                          |                        | OR       | +280=                         |                        |
|   |  |   |               |                               |                              |                  |     | TOTAL                          |                        | OR       | TOTAL                         |                        |
|   |  | (Column 1)                                |               | (Colum                        | mn 2)                        | (Column 3)       |     | ADDIT. FEE                     |                        |          | ADDIT. FEE                    |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA |     | RATE                           | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                            |                              | =                |     | X\$ 9=                         |                        | OR       | X\$18=                        |                        |
|   | Independent                                    | ±   | Minus         | ***                           | T (0) A114                   | <u> -</u>        |     | X42=                           |                        | OR       | X84=                          |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE    | PENUEN                        | CLAIM                        |                  | J   | +140=                          |                        | OR       | +280=                         |                        |
|   |  |   |               |                               |                              |                  |     | TOTAL<br>ADDIT, FEE            |                        | OR       | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |               |                               | mn 2)                        | (Column 3        |     |                                |                        |          |                               |                        |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT          |               | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                           | ADDI-<br>TIONAL<br>FEE |          | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus         | **                            |                              | =                |     | X\$ 9=                         | •                      | OR       | X\$18=                        |                        |
|   | Independent                                    | *   | Minus         | ***                           |                              | =                |     | X42=                           |                        | OR       | X84=                          |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                               |                              |                  | 1   | +140=                          |                        |          | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |               |                               |                              |                  |     |                                |                        | OR<br>OR | TOTAL                         |                        |
|   | If the "Highest Nu                             | imber Previously Fa<br>ober Previously Pa | Paid For IN T | HIS SPACE                     | is less th                   | an 3, enter "3." |     | ADDIT. FEE I<br>und in the app |                        | •        | ADDIT. FEE<br>olumn 1.        |                        |